

REPORT OF EXPENDITURES AND REQUEST FOR FUNDS

FORM 201 (REV. 8/04)

MAIL TO: OES ACCOUNTING
3650
RANCHO CORDOVA, CA 95741-9047

(1) RECIPIENT	(4) GRANT AWARD NUMBER	(7) CONTACT PERSON
(2) PROJECT TITLE	(5) FEDERAL EMPLOYER IDENTIFICATION NUMBER	(8) PHONE NUMBER
(3) ADDRESS <input type="checkbox"/> NEW	(6) BILLING PERIOD <input type="checkbox"/> FINAL	(9) E-MAIL ADDRESS
		(10) FAX NUMBER

CATEGORY	(11) FEDERAL GRANT		FEDERAL GRANT		FEDERAL GRANT		STATE GRANT		STATE GRANT		(12) TOTAL EXPENDITURES TO DATE
(A) PERSONAL SERVICES											
(B) OPERATING EXPENSES											
(C) EQUIPMENT											
TOTAL PROJECT EXPENDITURES											
(D) ADVANCE											
(E) LESS MATCH	%		%		%		%		%		
TOTAL TO BE PAID											

Under penalty of perjury, I certify that I am the duly authorized officer of the claimant herein; this claim is in all respects true, correct, and all expenditures were made in accordance with all applicable laws, rules, regulations including, but not limited to Government Code Sections 1090 – 1096, and Grant conditions; and, this claim is for all approved costs incurred within the Grant Performance Period and/or an advance of funds as provided for in the applicable year Budget Act authority.

(13) TYPED NAME	SIGNATURE	DATE
PROJECT DIRECTOR		
FINANCIAL OFFICER		

FORM 201 INSTRUCTIONS

1. **RECIPIENT:**
Enter the recipient name as it appears on line #1 of the approved "Grant Award Face Sheet".
2. **PROJECT TITLE:**
Enter the project title as it appears on the approved "Grant Award Face Sheet".
3. **ADDRESS:**
Enter the permanent mailing address where the recipient payments are to be mailed. Enter an "X" in the "NEW" box if there is a change in the address.
4. **GRANT AWARD NUMBER:**
Enter the recipient award number as it appears on line #6 of the approved "Grant Award Face Sheet".
5. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:**
Enter the Federal Employer Identification Number (FEIN) for your organization.
6. **BILLING PERIOD:**
Enter the time period for the current payment requested. (e.g. Jan 04, or Jan – Mar 04) Enter an "X" in the "FINAL" box when all expenditures for the recipient have been requested.
7. **CONTACT PERSON:**
Enter the person to be contacted regarding questions on this claim.
8. **PHONE NUMBER:**
Enter the phone number for the contact person.
9. **E-MAIL ADDRESS:**
Enter the e-mail address for the contact person.
10. **FAX NUMBER:**
Enter the fax number for the contact person.
11. **FEDERAL GRANT / STATE GRANT:**
Enter the acronym (see chart below) for the Federal grant OR State program to which the activity applies in the column heading. Enter the current expenditures by category for the funds requested and the applicable match. Enter the amount of advance requested or to be withheld, as applicable.
12. **TOTAL EXPENDITURES to date:**
Enter the Total Expenditures to Date (including this request), and the applicable match.
13. **CERTIFICATION:**
Enter the typed name of the Project Director and the Fiscal Officer as shown on the "Grant Award Face Sheet". Enter the date the 201 is submitted. Original signatures are required.

FEDERAL PROJECT ACRONYMS							
BVPP	Bulletproof Vest Partnership Program	FSIA	Forensic Sciences Improvement	MCPP	Mentoring Children of Prisoners	VAWA	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
BYRN	Byrne State / Local Law Enforce Assist	FSID	Forensic Sciences Improvement Discretionary	PSNC	Project Safe Neighborhood - Central	VOCA	Victims of Crime Act
CJAS	Child Justice Act	FVPS	Family Violence Preventive Services	PSNN	Project Safe Neighborhood - Northern		
DVCV	Rural Domestic Violence / Child Victim	LLEB	Local Law Enforcement Block Grant	RSAT	Residential Sub Abuse Treatment		

STATE PROGRAM ACRONYMS							
CCA	Career Criminal Apprehension	EMT	Evidentiary Medical Training	PPD	Public Prosecut/Defend - Fund 0241	SHO	Serious Habitual Offender
CHSP	Cold Hit Special Project	FV	Family Violence	RCP-GF	Rape Crisis Program-Gen Fund	VDI	Vertical Defense of Indigents
CCR	Community Crime Resistance						
CSAE	Child Sexual Abuse / Exploitation	GVS	Gang Violence Suppression	RCP	Rape Crisis Program - Fund 0425	VLRC	Victims Legal Resource Center
CSAP	Child Sexual Abuse Prev/Training	HTT	High Technology Theft	RLCP	Rural Crime Prevention	VPBG	Vertical Prosecution Block Grant
		HY	Homeless Youth				
DASS	Drug Abuse Suppression in Schools	LFLIP	Local Forensic Lab Improve	RP	Rape Prevention	VWA	Victim Witness Assistance
		MAGE	Multi-Agency Gang Enforce				
DV	Domestic Violence	PPD-GF	Public Prosecut / Defend - Gen Fund	RPED	Rape Prevention - Education	WOM	War on Methamphetamine
						YET	Youth Emergency Telephone